

# COBBH Advisory Group Meeting

Friday, March 4, 2011

## Minutes

### Participants:

**Mauricio Leiva** (Chief-COBBH), **Kevin Reilly** (Chief Deputy Director-CDPH), **Janet Huston** (Associate Director-CDPH), **April Fernandez** (Program Manager-COBBH), **Michael Welton** (Epidemiologist-COBBH), **Connie Lafuente** (Health Outreach Coordinator-COBBH), **Katiana Sanchez** (Administrative Assistant-COBBH), **Richard Armenta** (Project Assistant-COBBH), **Jim Arriola** (President-Sekura Healthcare), **Sylvia Barron** (Senior Director of Binational Affairs-Planned Parenthood), **Castulo de la Rocha** (President & CEO-AltaMed Health Services), **Alvaro Garza** (Deputy Public Health Officer-San Mateo County Health Dept.), **Mario Gutierrez** (Binational Health Consultant), **Paula Kriner** (Senior Epidemiologist-Imperial County Public Health Dept.), **Rosalinda Cano-Hays** (Assistant-Project Concern International), **Mary Madux-Gonzalez\*** (Public Health Officer-Sonoma County Department of Health Services), **Carmen Navarez** (Vice President of External Relations-Public Health Institute), **Gilbert Ojeda** (Board President-Latino Coalition for a Healthy California), **Rose Anne Rodriguez** (Director-County of LA Department of Public Health), **Rene Santiago** (Deputy Director-San Diego County Health and Human Services)

\*Joined Via Conference Phone Line

### Documents Provided:

Border Health Status Report DVD, List of Advisory Group Members, Agenda, COBBH Strategic Plan, COBBH Implementation Plan, Advisory Group Member Term Dates, COBBH Accomplishment Presentation, COBBH Priority Issues Presentation.

Item	Discussion	Action/Plan
1. Welcome and Introductions	<ul style="list-style-type: none"><li>Mauricio Leiva thanked all the board members for attending</li><li>Board members introduced themselves to everyone.</li></ul>	
2. Department Update	<p><b>Kevin Reilly provided an update on CDPH:</b></p> <ul style="list-style-type: none"><li>CDPH has a new Administration and few people have been appointed; Secretary Diana Dooley and Anamanto Santos Dr. Mark Horton will no longer serve as Director for CDPH and Secretary Dr. Howard Baker will serve as interim for his position. The secretary has spoken about interviews with candidates, but there is no time frame available right now.</li><li>At the moment, the budget is the highest priority; there will be two phases-first 90 days and the second 90 days. A budget bill will go to legislature next week and voted on. The budget approved in January for is good compared to other changes that took place.</li><li>The community challenge grant was eliminated yesterday, but</li></ul>	

	<p>it will be voted on as well.</p> <ul style="list-style-type: none"> <li>• There has been a lot of shifting of funding and consideration of saving general funds. The department is fortunate in many ways; we only have 10-15% of general funds, some special funds, and almost half is federal funds.</li> <li>• Kevin stated that he has not heard anything about OBBH being on the table for cuts, but he knows that all programs will be on the table for consideration. COBBH has enjoyed a lot of support in the director's office and the support will continue. Kevin also stated that Binational Border Health is something that Janet and he are very positive on</li> </ul> <p><i>Janet Huston stated that Mauricio has been working with the staff to detail the benefits of the programs that come out of his office.</i></p> <ul style="list-style-type: none"> <li>• All the materials based on budget can be found on the web page and by following the links you can be updated on what the committee is doing.</li> <li>• We are faced with a hard hiring freeze across the administration. Also, there has been a reduction in the use of cell phones, cars, and any discretionary expenditure. Everyone must realize saving in any way, shape, or form and try to live within our means; at least until the economy turns around.</li> <li>• Kevin stated that on a more positive note, in the last year the department has successfully won 20+ grant funds. With the health care reform, it will mean big changes in a number of CDPH programs. There are a lot of programs that are funded with a lot of federal dollars. This changes for individuals because they won't continue the way they are now. There will be interesting times about how this will all manifest.</li> </ul> <p><i>*Mary Madux joins the meeting via conference phone line*</i></p> <ul style="list-style-type: none"> <li>• The new affordable care acts, a continuation, represents an opportunity to supplement some things that we are doing. We are making real specific petitions to allow exemptions. It is part of the challenge we face right now.</li> <li>• For expansion of activities, the director has been involved in Health in all Policies (HiAP). There is a connection in HiAP and all Public Health and drawing those connections makes a lot of sense right now. The previous administration established a strategic growth council and as policy moves forward any one programmatic change can have influence across a lot of other programs. We have missed a lot of opportunity from a health prospective to look at policy change in other areas. The idea of workable communities is tied together as we look at a HiAP</li> </ul>	
--	--	--

	<p>prospective to include health impacts into general decisions. In general, it's the idea that we think about health when we look at other areas. Similar to looking at social determinants of health.</p> <p><i>Carmen asked Kevin if he thought CDPH will be in a leadership role in regards to this topic.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that he thinks they are key players, but they haven't heard the secretary mention anything about big policy issues other than the budget. Budget seems to be a priority of the director.</li> </ul> <p><i>Gilbert asked Kevin if Trailer Bills were required to be done at the same time as the budget and if pressure would be applied to resolve key implementation problems?</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that the difference right now is that they were talking about Trailer Bills first and now they are coinciding. Trailer has been a priority because the idea was to have statute in place to make budget changes.</li> </ul> <p><i>Gilbert stated that legislature is also looking at the budget that gets put on the ballot so he presumes every department is being asked to go through scenarios.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that this is happening real widely and that they anticipate the people will adopt the legislation and move forward. If that does not work, then they are talking about scenarios, but he does not know how broadly that plan is happening right now. It's likely that the legislation will be passed by the people.</li> </ul> <p><i>Gilbert stated that the ACA has a lot of provisions, which would be the appropriate targets of the Department of Public Health; most of the money is competitive and he presumes the department has a series of targets.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that they were successful with most of their targets and that they applied for most opportunities. The previous administration made it very clear that they should apply to most opportunities.</li> </ul> <p><i>Carmen asked how anyone can find out which targets were successful.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that they could probably get some information together and they could look at putting together a summary of what they have. They have a number of Section 28 letters that are still with the legislature right now. This can be seen in the budget summary.</li> </ul> <p><i>Alvaro stated that he thinks HiAP are important and wants to know</i></p>	
--	---	--

	<p><i>if Kevin has thought about how that would translate into COBBH.</i></p> <p><i>Mauricio mentioned that later this would be discussed and that HiAP will be covered in the upcoming year.</i></p> <p><i>Alvaro asked Kevin if he had any thoughts about this.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying this is important and that everyone will see the philosophy roll over into all of their programs.</li> </ul> <p><i>Alvaro asked that if the budget was to get bad as it was mentioned earlier to the point where COBBH was defunded, would a new legislation be needed for that.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that he does not know the language for that, but there are programs that are defunded and have a statute like that and changes are not needed.</li> </ul> <p><i>Mauricio stated that it is to the extent that funding is available and COBBH really appreciates the support that Janet has provided to keep the office going; it is key to get that support. The office provides a very important function to facilitate communication with Mexico and if we are defunded, we will be the only state without an office of border health. COBBH could not continue without the support of Janet and Kevin.</i></p> <p><i>Janet stated that is it important to show that value of the program and so far they have been able to show that.</i></p> <ul style="list-style-type: none"> <li>• Kevin replied by saying that diverse funding is critical to the success of programs and that as funding becomes available, they have to keep their eyes open to get that funding. He also said that they can affect their own future by being as creative and nimble as possible.</li> </ul> <p><i>Mauricio asked if there were any more questions or comments for Dr. Reilly or in general.</i></p> <p><i>Jim stated that it would be more useful to talk about the accomplishments of COBBH before talking about the Strategic Plan so he proposed to have the agenda modified.</i></p>	<p>Everyone agreed with Jim and proceeded with the modifications. (Item 4 was discussed prior to item 3)</p>
<p><b>3. COBBH Accomplishments for 2010 and Projects for 2011</b></p>	<p><b>April provided an update on the accomplishments of COBBH:</b></p> <ul style="list-style-type: none"> <li>• April started off with an introduction of COBBH's staff members from last year (herself, Michael Welton, and Katiana Sanchez) as well as the recently hired project assistants, Richard Armenta and Jill Dumbauld, as well as the health outreach coordinator, Connie Lafuente.</li> <li>• COBBH has had many accomplishments. With the help of their</li> </ul>	

	<p>epidemiologist and project assistants, COBBH successfully created the 2009 Border Health Status Report. COBBH has participated, organized, and/or collaborated in many Border/Binational Health week events. Also, COBBH hosted a conference for Promotores through a lot of collaborations. With the work of the health outreach coordinator, COBBH was able to assist with the diabetes screenings at the Mexican Consulate. Through their outreach materials and information, COBBH created a health alert on skin creams containing mercury. Also, their epidemiologist has been very active and productive with the U.S. EPA Environmental Task Force.</p> <p><i>Gilbert stated that the Mexican ministry is putting funding into the San Diego Region to put adds in the radio and he recommended that COBBH be a part of that.</i></p> <ul style="list-style-type: none"> <li>• April replied by saying that her office has already been aware of that and has started to work with The San Diego Philanthropy Institute to get contacts of the radio stations to send public health messages.</li> </ul> <p><i>Gilbert stated that in 2011 and 2012, the media messages will be very important and the Mexican ministry has decided to put some money into the market. He stated that it would be beneficial for COBBH to piggy back on that.</i></p> <p><i>Mauricio went on to say that the ministry money is very limited and assured Gilbert that we have already had some output regarding H1N1.</i></p> <ul style="list-style-type: none"> <li>• April added to Mauricio's comment by informing Gilbert that for Binational Health Week, COBBH collaborated with Liliana Osorio from Health Initiative of the Americas to work with the Mexican Consulate to provide them with messages about public health.</li> </ul> <p><i>COBBH's outreach coordinator, Connie, also added that throughout Binational Health Week, the office worked with Dr. Maura to do a radio interview that reached the whole border region. Also, the office collaborated with the ministry to create PSA's in an Indigenous language about pesticides.</i></p> <ul style="list-style-type: none"> <li>• April also mentioned that her office worked with the Diabetes branch to coordinate a one hour long interview that aired on Radio Bilingüe.</li> </ul> <p><i>Mauricio spoke on their accomplishment of working closely with Dr. Bustamante on various projects such as the COBINAS. COBBH also keeps constant communication with Dr. Bustamante and his</i></p>	
--	---	--

	<p><i>assistant, Gudelia Rangel, as they are very accessible. Alvaro asked if during the meeting, there would be any discussions on the other programs (Commission and EWIDS).</i></p> <p><i>Gilbert added that by presenting on the other programs it would raise the role of the CORE program in the office.</i></p> <p><i>Paula also supported these ideas and said that it would be beneficial to make more apparent the efforts, activities and accomplishments of the office.</i></p> <p><i>Janet did not oppose the idea.</i></p> <p><i>Gilbert asked April, what role the office played in Border MACH.</i></p> <p><i>Michael replied by stating that COBBH does everything for the project and he added that this project is a partnership. He also said that COBBH is the leader for the California border team. Michael updated everyone and said that recently his team has decided that teen pregnancy is a priority and that's what they will be focusing on.</i></p>	<p>In the next meeting, COBBH will provide information on the other programs in the office (Commission and EWIDS) so the advisory group members have a better picture of what the office does. This meeting will be longer by an hour or so.</p>
<p><b>4. Annual Border Health Status Report 2010-Priority Issues Report</b></p>	<p><b>Michael presented on priority issues:</b></p> <ul style="list-style-type: none"> <li>• The priority list is intended to direct the health status report but also all other activities that COBBH is participating in. As stated in the Strategic Plan "Goal #1-Assess, monitor, and report on border and binational public health issues." COBBH will annually select the top 3-5 critical public health issues and create a report on them.</li> <li>• Prior to this Advisory Group Meeting, the top 5 critical health issues that the advisory members had come up with were: diabetes and lifestyle, access to health care, environmental health, maternal and child health, and mental health.</li> <li>• Although these issues were agreed upon previously, Michael stated that report is completely open and flexible for changes. He also informed everyone that the report will be produced by mid-April and submitted to legislature by the end of June.</li> </ul> <p><i>Kevin commented that he finds Diabetes and Lifestyle to be specific and the other health topics to be more generic. Alvaro agrees that the topics should be broader.</i></p> <p><i>Mauricio stated that at the Board of Governor's Conference, the priorities of all the states are diabetes, obesity, and TB.</i></p>	

	<p><i>Alvaro suggested that social determinants of health should play a greater role in the analysis.</i></p> <p><i>After many suggestions, comments, and opinions Mauricio decided to just move forward on to the next item on the Agenda.</i></p>	
<p><b>5. COBBH Strategic Plan 2010-2013</b></p>	<p><b>Mauricio spoke on the strategic plan for 2010-2013:</b></p> <ul style="list-style-type: none"> <li>• The office went over a lot of the issues and priorities that the advisory group members had and they came up with a one page strategic plan.</li> <li>• Goal #1-Asses, monitor, and report on border and binational public health issues. Mauricio stated that they are actively engaging in this goal. One of their success stories for this goal is the Border Health Status Report because the office has been able to get it approved two years in a row.</li> <li>• Goal #2-Promote and optimize communication, coordination, and collaboration on border and binational health issues and policies. Mauricio stated that they are actively engaging in this goal as well.</li> <li>• Goal #3-Build capacity to effectively address border and binational public health issues. April stated that with the survey they have created to identify the 3-5 most critical health issues they are identifying the gaps.</li> <li>• Goal #4-Increase awareness about border and binational public health issues and the role of COBBH in addressing them. Mauricio mentioned that the office is hoping to publicize newspaper articles and other and other types of media to highlight some of the work the office is doing.</li> <li>• Mauricio spoke on the Scope of Work (SOW) and added that because it is an internal document it can be modified, but the main objective of this document is to implement the strategic plan.</li> </ul> <p><i>Gilbert suggested that the SOW be sent to all the advisory members to review and submit any changes within a specific time period.</i></p> <p><i>April replied by saying that the only negative factor to his suggestion is that COBBH is a contract and as long as the changes that everyone suggest are in line with the goals then there might be a possibility for modification of the SOW.</i></p> <ul style="list-style-type: none"> <li>• After April mentioned the contract, Mauricio decided it would be appropriate to explain the contract to the advisory</li> </ul>	<p>Kevin and Mauricio decided to have the SOW sent to everyone so they could submit any changes within a given period as long as there weren't any major changes. They have agreed to make some small changes.</p>

	members.	
<b>6. AG Terms and Nominations</b>	<ul style="list-style-type: none"> <li>• Mauricio spoke on the composition of the advisory group because some members have termed out. <i>Alvaro said that it doesn't make sense to have members who represent a specific area term out, but that the others should term out as previously indicated.</i></li> <li>• The way the Bylaws are established is that a member is termed for 3 years and can participate in two consecutive terms.</li> </ul>	The next meeting will be a whole day meeting and the topic of Bylaws will an item on the agenda.
<b>Open Discussion</b>	<ul style="list-style-type: none"> <li>• An agreement was not reached in regards to the date, time and location of the next meeting.</li> <li>• Jim suggested that the next meeting should be held a day prior/after another major health conference, meeting, etc. so that they wouldn't have to travel far for just some hours.</li> </ul>	

**\*MEETING ADJOURNED\* 2:03 P.M**